



STATE OF MARYLAND

DhMH

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June 6, 2008

Public Health & Emergency Preparedness Bulletin: # 2008:22

Reporting for the week ending 05/31/08 (MMWR Week #22)

CURRENT HOMELAND SECURITY THREAT LEVELS

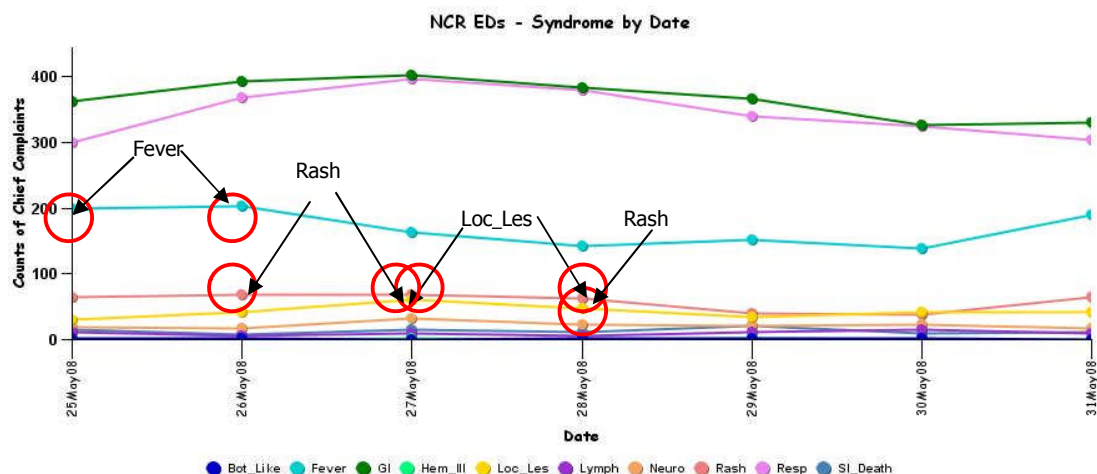
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

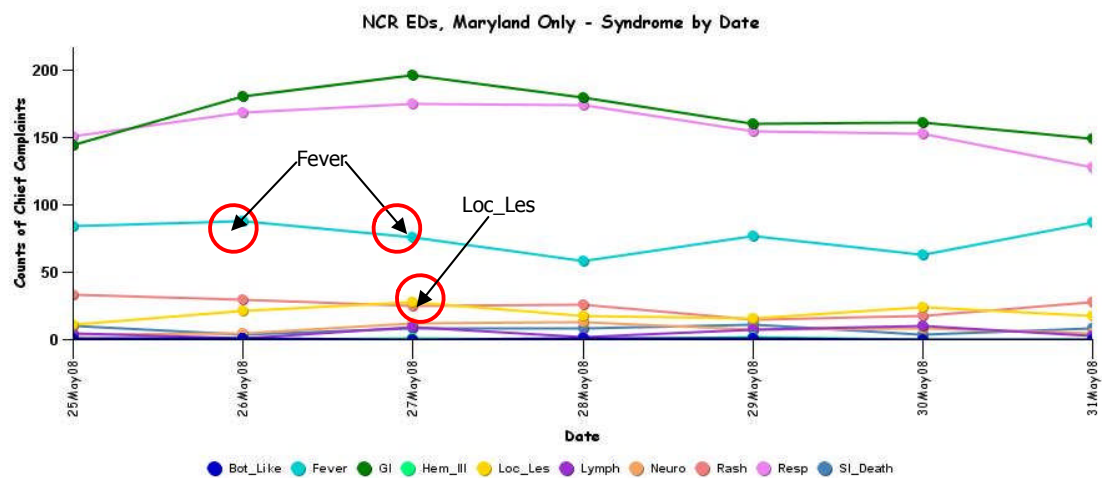
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

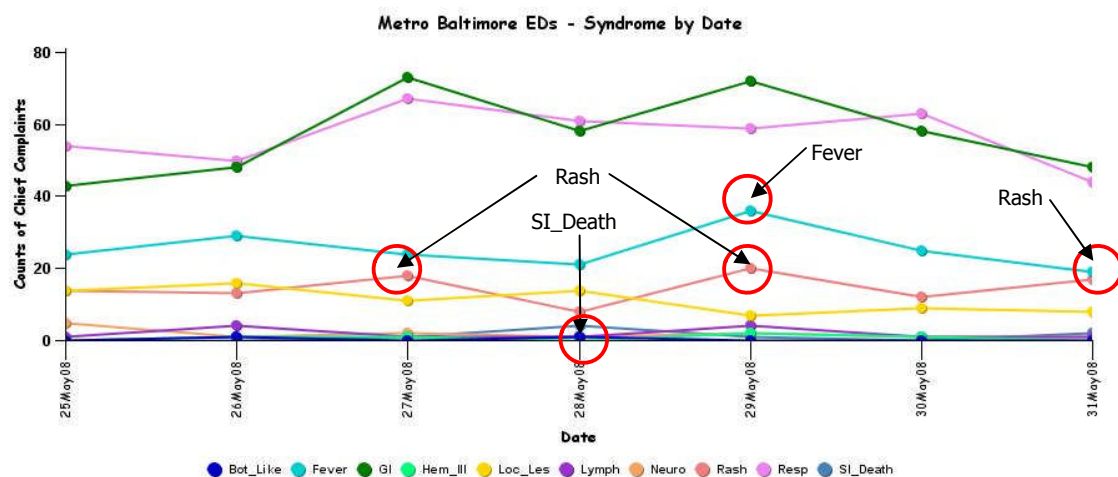
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



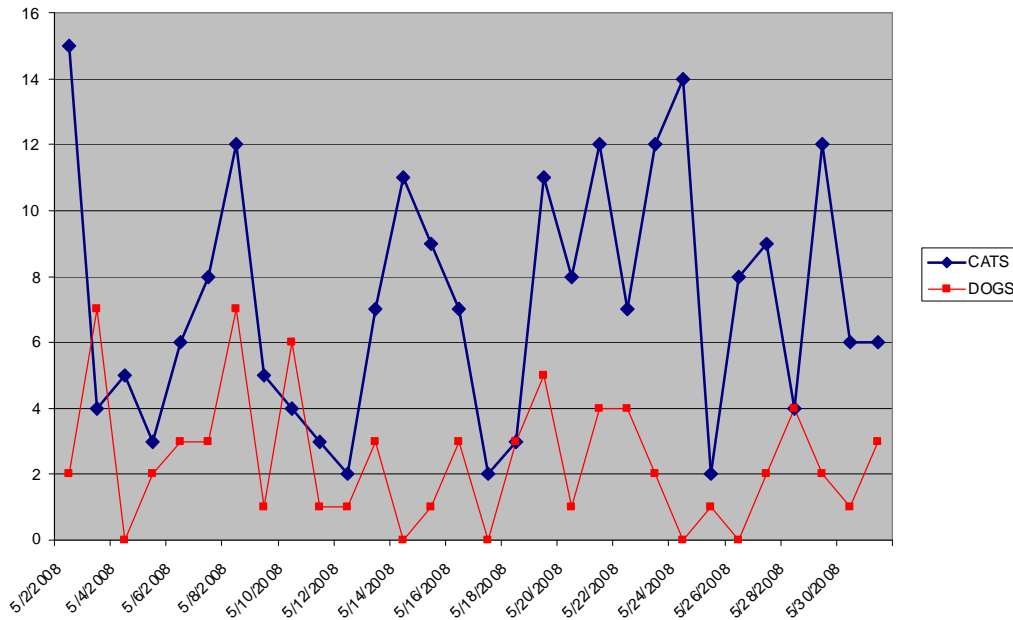
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

Dead Animal Pick-Up Calls to 311

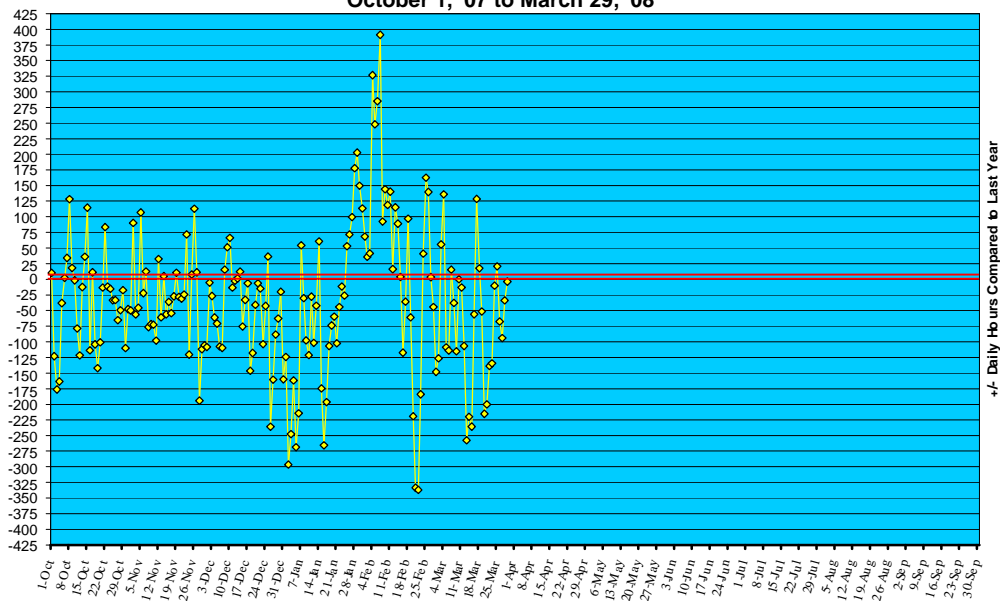


REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

*Note: No new data available at this time.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to March 29, '08**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in April 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	Aseptic	Meningococcal
New cases (May 25 - 31, 2008):	10	1
Prior week (May 18 - 24, 2008):	5	0
Week#22, 2007 (May 26 – Jun 1, 2007):	12	0

OUTBREAKS: 7 outbreaks were reported to DHMH during MMWR Week 22 (May 25-May 31, 2008):

4 Gastroenteritis outbreaks

- 2 outbreaks of GASTROENTERITIS associated with Nursing Homes
- 1 outbreak of GASTROENTERITIS associated with an Assisted Living Facility
- 1 outbreak of GASTROENTERITIS associated with a Daycare Facility

2 Respiratory illness outbreaks

- 1 outbreak of RESPIRATORY ILLNESS associated with a Nursing Home
- 1 outbreak of RESPIRATORY ILLNESS associated with a School

1 Rash illness outbreak

- 1 outbreak of RASH ILLNESS associated with a School

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. MMWR Week 20 was the last week of reporting for seasonal influenza. Maryland's influenza activity level was NO ACTIVITY.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of May 28, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 383, of which 241 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, HUMAN (Bangladesh): 29 May 2008, The Ministry of Health, Bangladesh, has confirmed its 1st case of human infection with H5N1 avian influenza. The case was identified retrospectively as part of seasonal surveillance activities run by the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR). The case is a 16-month-old male from Komalapur, Dhaka. He developed symptoms on Jan 27 and subsequently recovered. The case was confirmed as being infected with A(H5N1) by the WHO H5 Reference Laboratory, US Centers for Disease Control and Prevention (CDC). The case was exposed to live and slaughtered chickens at his home. Specimens have been collected from his family members and neighbors. All remain healthy to date. This new statement on the WHO website now provides an explanation for the delay in confirming this human case of H5N1 avian influenza contracted in late January.

NATIONAL DISEASE REPORTS:

No new disease outbreaks related to CDC Critical Biological Agents were reported for MMWR week 22.

INTERNATIONAL DISEASE REPORTS:

CHIKUNGUNYA (India): 27 May 2008, The increase in the number of patients visiting hospitals with viral fever and joint ache have set an alarm of a possible attack of the dreaded chikungunya in the district. Some 18 cases suspecting chikungunya were reported from Mala Primary Health Centre of Karkala taluk from May 12 -21. However, the District Health Administration has taken up all the precautionary steps by conducting house-to-house survey, educating people regarding the preventive measures and symptoms of the disease, and distributing pamphlets comprising the details of the disease. Speaking to Deccan Herald, Udupi District health officer, Dr M R Naik, informed that 2 blood samples have been sent to National Institute of Virology in Bangalore for confirmation and no cases have been reported since May 21. No proved cases have been registered in the district till May 27, he added. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, BOVINE (Zimbabwe): 27 May 2008, Nkayi district in Matabeleland North Province has been hit by an outbreak of anthrax. Veterinary Department Services sources in the area said cases of the disease have been detected mainly in areas adjacent to Gokwe where the disease is a perennial problem. The sources, however, said so far no cases of human beings affected have been reported. "Cases of anthrax have been reported in cattle so far. We have not established whether there have been people affected after eating meat infected with anthrax bacteria. However, we would like to urge the local people not to eat meat from animals, which have died on their own. Such cases should be reported to our offices as soon as they are discovered," said a veterinary services source in the area. The official, who refused to be named, said the department is currently experiencing acute shortages of vaccines for the vaccination of the cattle where there is an outbreak. "We need enough foreign currency to procure anthrax vaccines from Botswana. The government recently procured some vaccines from China, but all the stocks have run out," added the official who refused to be named for fear of victimization. The shortage of vaccines has resulted in the deaths of many cattle in Masvingo, Midlands, and Matabeleland provinces, stifling the nation's efforts to replenish its national herd decimated by the successive draughts. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (Indonesia): 28 May 2008, Aedes aegypti mosquitoes have become a serious threat in Makmur City. The number of chikungunya patients has increased. From January to May, the number of chikungunya patients numbered 524. The increase in dengue and chikungunya was caused by the low level of awareness of the community regarding the control of Aedes aegypti breeding sites. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

CRIMEAN-CONGO HEMORRHAGIC FEVER (Russia): 28 May 2008, The 2nd fatal case of tick-borne Crimean-Congo hemorrhagic fever (CCHF) has been registered in Stavropol Krai. According to the report of the regional Rospotrebnadzor

(Federal Trade and Public Health Inspection Authority), "a 39-year-old woman has died in the hospital." The 1st fatal case was a man who died in the middle of May 2008. The level of CCHF morbidity is now higher than for the same period of 2007 by 1.7 times. As of May 26, 2008, 17 patients have been registered in 12 regions, mainly rated as moderate to severe cases. A total of 3305 people applied for medical care because of tick-bites. The highest level of tick activity and, accordingly, human morbidity is expected during May and June 2008. In all, 133 people from 25 territories have been admitted to hospital, which is 70 percent more than during the past year. The regional administration of Rospotrebnadzor stated that the specialist staff of the Centre of Hygiene and Epidemiology examined a total of 4000 ticks and virus found in ticks from the Apanasenkovskoe and Turkenskoe regions. In order to control the spread of the disease, anti-tick treatments of farm animals were carried out in combination with cattle and pasture management activities. Several educational campaigns have been organized for the local population. On May 27, 2008, the Interfax News Agency reported that an 11-year-old girl contracted Crimean-Congo hemorrhagic fever (CCHF) following a tick bite and died subsequently. The diagnosis was established only after the worsening of the girl's condition. The parents of the girl sought medical treatment for her in the local health clinic, but the tick bite was not detected immediately. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Household Responses to School Closure Resulting from Outbreak of Influenza B, North Carolina Emerg Infect Dis. 2008 Jul; (Epub ahead of print).

This article describes a survey of North Carolina families affected by a 10-day school closure due to a sharp rise in influenza-related absences in November 2006. The results suggested that the measure did not cause families major hardships, but many did not follow a recommendation to avoid large gatherings. (<http://www.cdc.gov/eid/content/14/7/pdfs/08-0096.pdf>)

Investigation of Outbreak of Infections Caused by *Salmonella* Saintpaul

Up to date information, as of June 4, on recent outbreak of human *Salmonella* infections associated with consumption of raw tomatoes. (<http://www.cdc.gov/salmonella/saintpaul/>)

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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